

Fill in this information to identify the case:Debtor name **JR Cartage, Inc.,**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**Case number (if known) **18-01324**
☒ Check if this is an amended filing
Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).
☐ No. Go to Part 2.

☒ Yes. Go to line 2.
2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Illinois Dept of Revenue POBox 64338 Chicago, IL 60664	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$660,000.00	\$0.00
	Date or dates debt was incurred 12/13	Basis for the claim: Taxes		
	Last 4 digits of account number XXXXXXXXXX	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			
2.2	Priority creditor's name and mailing address IRS POBox 7346 Philadelphia, PA 19101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,650,000.00	\$0.00
	Date or dates debt was incurred 2012-2016	Basis for the claim: Taxes		
	Last 4 digits of account number XXXX	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)			

Part 2: List All Creditors with NONPRIORITY Unsecured Claims**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.**Amount of claim**

Debtor	Name	Case number (if known)	18-01324
3.1	Nonpriority creditor's name and mailing address 1&1 INTERNET 10950 Strang Line Rd Lenexa, KS 66215 Date(s) debt was incurred <u>15</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.2	Nonpriority creditor's name and mailing address 1st Ayd Corporation 1325 Gateway Dr Elgin, IL 60124 Date(s) debt was incurred <u>16</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.3	Nonpriority creditor's name and mailing address 1st Priority Services 1000 N Vila Ave Villa Park, IL 60181 Date(s) debt was incurred <u>14</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Postal Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.4	Nonpriority creditor's name and mailing address AAA Minnesota c/o Wibur & Associates 210 Landmark Dr Normal, IL 61761 Date(s) debt was incurred <u>15</u> Last 4 digits of account number <u>XXXXXXXXXXXX</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,010.22
3.5	Nonpriority creditor's name and mailing address Able Leaseing Consultants 1938 S Mannheim Rd Westchester, IL 60154 Date(s) debt was incurred <u>16</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Truck Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.6	Nonpriority creditor's name and mailing address Acion Truck Parts 1 Seidel Ct Bolingbrook, IL 60490 Date(s) debt was incurred <u>15</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Truck Parts</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.7	Nonpriority creditor's name and mailing address ADT Security POBox 650485 Dallas, TX 75265 Date(s) debt was incurred <u>16</u> Last 4 digits of account number <u>X088</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$486.95

Debtor	Name	Case number (if known)	18-01324
3.8	Nonpriority creditor's name and mailing address All State and Blasius c/o Kelly & Karras 1010 Jorie Blvd, Ste 100 Oak Brook, IL 60523 Date(s) debt was incurred <u>16</u> Last 4 digits of account number <u>XXXXxxxxx</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Accident / law Suit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.9	Nonpriority creditor's name and mailing address Alliance One C/o North Texas Toll 6160 Mission George Rd Ste 300 San Diego, CA 92120 Date(s) debt was incurred <u>16</u> Last 4 digits of account number <u>XXXXXXXXXXXXXX</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Tolls</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,356.70
3.10	Nonpriority creditor's name and mailing address American Express POBox 0001 Los Angeles, CA 90096 Date(s) debt was incurred <u>16</u> Last 4 digits of account number <u>1000</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,038.00
3.11	Nonpriority creditor's name and mailing address American Express POBox 981537 El Paso, TX 79998 Date(s) debt was incurred <u>12/07</u> Last 4 digits of account number <u>XXXXXXXXXXXXXX</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66,077.00
3.12	Nonpriority creditor's name and mailing address Assett Recovery c/o Captial One 2200 E Devon Ave, Ste 200 Des Plaines, IL 60018 Date(s) debt was incurred <u>15</u> Last 4 digits of account number <u>X152</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card Business</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,970.84
3.13	Nonpriority creditor's name and mailing address BMO Harris 770 N Water Street Milwaukee, WI 53202 Date(s) debt was incurred <u>16</u> Last 4 digits of account number <u>L103</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan (Business)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450,741.09
3.14	Nonpriority creditor's name and mailing address BMO Harris Transportation Fin POBox 71951 Chicago, IL 60694 Date(s) debt was incurred <u>663026xxx</u> Last 4 digits of account number <u>5126</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,155.63

Debtor	Name	Case number (if known)	18-01324
3.15	Nonpriority creditor's name and mailing address Chad Clough c/o Date(s) debt was incurred <u>15 L 59</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Accident Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.16	Nonpriority creditor's name and mailing address Citi Card 701 E 60th Street Sioux Falls, SD 57104 Date(s) debt was incurred <u>2/1</u> Last 4 digits of account number <u>XXXXXXXXXXXXXX</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Credit Card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,926.00
3.17	Nonpriority creditor's name and mailing address Comdata 5301 Maryland Way Brentwood, TN 37027 Date(s) debt was incurred <u>16</u> Last 4 digits of account number <u>XXXXXXXXXXXX</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,245.00
3.18	Nonpriority creditor's name and mailing address ComEd POBox 6111 Carol Stream, IL 60197 Date(s) debt was incurred <u>16</u> Last 4 digits of account number <u>XXXX</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$645.81
3.19	Nonpriority creditor's name and mailing address Daimler Truck Financial POBox 5260 Carol Stream, IL 60197 Date(s) debt was incurred <u>16</u> Last 4 digits of account number <u>XXXX</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,417.89
3.20	Nonpriority creditor's name and mailing address Driving Momentum USA POBox 73681 Houston, TX 77273 Date(s) debt was incurred <u>16</u> Last 4 digits of account number <u>XXXX</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Leased Drivers</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,187.75
3.21	Nonpriority creditor's name and mailing address Georgia Dept. of Revenue POBox 105499 Atlanta, GA 30348 Date(s) debt was incurred <u>16</u> Last 4 digits of account number <u>XXXXXXXXXXXX</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Taxes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$63.56

Debtor	Name	Case number (if known)	18-01324
3.22	Nonpriority creditor's name and mailing address Goodyear Tires 3301 Mound Rd Joliet, IL 60436 Date(s) debt was incurred <u>7/16</u> Last 4 digits of account number <u>XXXXXXXXXX</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,181.00
3.23	Nonpriority creditor's name and mailing address Harris & Harris 111 W. Jackson Chicago, IL 60604 Date(s) debt was incurred <u>16</u> Last 4 digits of account number <u>0xxx</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Illinois Tolls</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$225.00
3.24	Nonpriority creditor's name and mailing address Indiana Dept of Revenue POBox 0595 Indianapolis, IN 46206 Date(s) debt was incurred <u>16</u> Last 4 digits of account number <u>XXXXXXXXXXXXXXXXXX</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Taxes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$154.72
3.25	Nonpriority creditor's name and mailing address Isuzu Finance 7865 Solution Center Chicago, IL 60677 Date(s) debt was incurred <u>6/16</u> Last 4 digits of account number <u>9xxx</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rental</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,840.27
3.26	Nonpriority creditor's name and mailing address Isuzu Finance of America 2500 Westchester Ave Suite 312 Purchase, NY 10577 Date(s) debt was incurred <u>2015</u> Last 4 digits of account number <u>7xxx</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Contract Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,478.90
3.27	Nonpriority creditor's name and mailing address Jose Sanchez Barros 721 Parkway Ave Elgin, IL 60120 Date(s) debt was incurred <u>17</u> Last 4 digits of account number <u>L733</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Accident</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.28	Nonpriority creditor's name and mailing address Mack Financial Services POBox 7247 Philadelphia, PA 19170 Date(s) debt was incurred <u>5/16</u> Last 4 digits of account number <u>XXXXXXXXXXXXXXXXXX</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,215.00

Debtor	JR Cartage, Inc., Name	Case number (if known)	18-01324
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3.29	Nonpriority creditor's name and mailing address Mercedes Benz Financial POBox 5209 Chicago, IL 60656 Date(s) debt was incurred <u>16</u> Last 4 digits of account number <u>7001</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,800.41
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3.30	Nonpriority creditor's name and mailing address Milestone trailer Lease POBox 205580 Dallas, TX 75320 Date(s) debt was incurred <u>16</u> Last 4 digits of account number <u>X096</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trailer Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,189.00
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3.31	Nonpriority creditor's name and mailing address NTS Trailer c/o Edgerton & Edgerton 125 Wood St, POBox 218 Wheaton, IL 60189 Date(s) debt was incurred <u>16</u> Last 4 digits of account number <u>XXXXXXXXXXXX</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$71,664.34
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3.32	Nonpriority creditor's name and mailing address Penske Truck & Leasing c/o Synter Resorce Group 5935 River Ave, ste 102 Charleston, SC 29406 Date(s) debt was incurred <u>16</u> Last 4 digits of account number <u>x378</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$721.88
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3.33	Nonpriority creditor's name and mailing address Phycians POBox 8799 Carol Stream, IL 60197 Date(s) debt was incurred <u>16</u> Last 4 digits of account number <u>XXXXXXXXXXXXXXXX</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Payments</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$902.00
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3.34	Nonpriority creditor's name and mailing address Pomp's Tire Service POBox 1630 Green Bay, WI 54305 Date(s) debt was incurred <u>3/16</u> Last 4 digits of account number <u>XXXX</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,582.00
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3.35	Nonpriority creditor's name and mailing address Praxair 12000 Roosevelt Rd Hillside, IL 60162 Date(s) debt was incurred <u>12/16</u> Last 4 digits of account number <u>x848</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Safty Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$205.00
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Debtor	JR Cartage, Inc., Name	Case number (if known)	18-01324
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3.36	Nonpriority creditor's name and mailing address Seimans Finance POBox 2083 Carol Stream, IL 60132 Date(s) debt was incurred <u>1/16</u> Last 4 digits of account number <u>XXXX</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rental</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,504.00
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3.37	Nonpriority creditor's name and mailing address USI 2021 Spring Rd Oak Brook, IL 60523 Date(s) debt was incurred <u>16</u> Last 4 digits of account number <u>XXXXXXXXXXXX</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>insurance Policies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,048.00
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3.38	Nonpriority creditor's name and mailing address Varha Sinha c/o Kennedy & Associates 205 West Wacke Dr, Ste 500 Chicago, IL 60606 Date(s) debt was incurred <u>16</u> Last 4 digits of account number <u>7L16</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Accident/Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
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3.39	Nonpriority creditor's name and mailing address Wisconsin Dept. of Revenue POBox 8901 Madison, WI 53708 Date(s) debt was incurred <u>16</u> Last 4 digits of account number <u>0847</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Taxes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,118.48
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3.40	Nonpriority creditor's name and mailing address Wisconsin Dept. of Revenue POBox 8901 Madison, WI 53708 Date(s) debt was incurred <u>16</u> Last 4 digits of account number <u>XXXXXXXXXX</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Tolls</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	BMO Harris POBox 94034 Palatine, IL 60094	Line <u>3.13</u> <input type="checkbox"/> Not listed. Explain ____	—
4.2	BMO Harris c/o Howard & Howard 200 S Michigan Ave, Ste 1100 Chicago, IL 60604	Line <u>3.13</u> <input type="checkbox"/> Not listed. Explain ____	—

Debtor	JR Cartage, Inc., Name	Case number (if known)	18-01324
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.3	BMO Harris POB 6201 Carol Stream, IL 60197	Line <u>3.13</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	Citi Card POBox 6241 Sioux Falls, SD 57117	Line <u>3.16</u> <input type="checkbox"/> Not listed. Explain _____	—
4.5	Howard Soochek & Weber 1800 E Howard Street Milwaukee, WI 53207	Line <u>3.30</u> <input type="checkbox"/> Not listed. Explain _____	—
4.6	IRS Dept of Treasury Kansas City, MO 64999	Line <u>2.2</u> <input type="checkbox"/> Not listed. Explain _____	—
4.7	IRS Internal Revenue Service Cincinnati, OH 45999	Line <u>2.2</u> <input type="checkbox"/> Not listed. Explain _____	—
4.8	IRS POBox 621503 Atlanta, GA 30362	Line <u>2.2</u> <input type="checkbox"/> Not listed. Explain _____	—
4.9	IRS Dept of Treasury Kansas City, MO 64999	Line <u>2.2</u> <input type="checkbox"/> Not listed. Explain _____	—
4.10	James Stancel 3512 Farmont Ave Naperville, IL	Line <u>3.11</u> <input type="checkbox"/> Not listed. Explain _____	—
4.11	Jon Ellison 6847 W Cermack Rd Berwyn, IL 60402	Line <u>3.27</u> <input type="checkbox"/> Not listed. Explain _____	—
4.12	Jose Sanchez Barros 371 N State Street Elgin, IL 60120	Line <u>3.27</u> <input type="checkbox"/> Not listed. Explain _____	<u>L733</u>

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****5a. Total claims from Part 1****5b. Total claims from Part 2****5c. Total of Parts 1 and 2**
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 2,310,000.00
5b. +	\$ 837,602.44
5c.	\$ 3,147,602.44